

**ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM AAC-2**

Louisiana Department of Environmental Quality
OES – Permit Support Services Division, Notifications and Accreditations Section
PO Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-3244 Fax (225) 219-3310

No. of ADVFs Requested:

Note: Please type and complete all appropriate information

☐ Emergency ☐ Revision - ADVF #s to be Revised _____ ☐ Canceled - ADVF # _____**Boxed Area for LDEQ Use Only**

AI No.

Ck/Voucher

Amt Received:

Postmark Date:

ADVF No.

I. Type of Notification: (check only one box)☐ *Original ☐ Additional-Latest ADVF # issued _____
☐ *Negative Declaration ☐ Disposal Only

Check if AAC-2 is for Nonscheduled Operations for repair or maintenance less than 1 cubic yard of RACM per operation

☐ Annual (Maintenance) Note Total Vol. Sec V as bin size**II. Type of Operation:** (check only one box)☐ DEMO (*structure contains no RACM) ☐ RENO
☐ RENO & DEMO (RACM removal & subsequent demo)
☐ RACM DEMO (entire structure treated as RACM)

Check being demolished under an order of a state or local government agency

☐ Government Ordered (Complete Sec. XIV)**III. FACILITY DESCRIPTION ***

Facility Name:

Project Designer La. Accred. No (schools & state bldgs only).

Physical Address:

City:

State:

Zip Code:

Parish:

Location on site (Building, Floor, Room, Etc.) where work is done:

Telephone No. ()

Building Size:

No. of Floors:

Age in Years:

Present Use:

Prior Use:

IV. IS ASBESTOS PRESENT: * ☐ YES ☐ NO

Inspection Date: (MM/DD/YY)

☐ Known or Assumed Asbestos

Inspector's Name:

Inspector's Accreditation No.

Procedure including analytical method, if appropriate, used to detect the presence of asbestos material:

V. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING**REMOVAL TIMES:**

(Check Applicable Times)

☐ Business Hours ☐ After Hours
☐ Weekends ☐ Holidays**RACM/ CATEGORY I & II
TO BE REMOVED*****NONREGULATED ACM NOT
TO BE REMOVED PRIOR TO
DEMOLITION * (if applicable)****RACM****CAT I/CAT II****CATEGORY I**
(packings, gaskets, resilient/vinyl/asphalt)**DESCRIBE MATERIAL TO BE
REMOVED** →☐ TSI ☐ Ceiling
☐ Fireproofing ☐ VAT
☐ Other _____☐ VAT ☐ Transite ☐ Piping
☐ Other _____**Type of Non-Regulated Asbestos**☐ VAT ☐ Asphalt Roofing
☐ Other _____**UNIT OF MEASUREMENT**
(Type in Amount) →**Linear Ft.****Square Ft.****RACM CY****ACM CY****Amount of Non-Regulated Asbestos
Not Removed: _____ CY****VI. FACILITY INFORMATION ***

Owner Name:

Contact Name:

Telephone No.

Fax No.

Mailing Address:

City:

State:

Zip Code:

Email:

VII. ASBESTOS REMOVAL CONTRACTOR INFORMATION FOR RACM

Asbestos Removal Contractor Name:

LA Contractor's License
No.

On-Site Supervisor Name:

On-Site Supervisor Accreditation No.

Mailing Address:

Fax No.
()

Contact:

Supervisor Exp. Date:

City:

State:

Zip Code:

Telephone No.
()

Email:

VIII. OTHER OPERATOR/DEMOLITION CONTRACTOR: *

Contact:

Telephone No. ()

Mailing Address:

City:

State:

Zip Code:

Email:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)

Start:

Complete:

X. SCHEDULED DEMO/RENOVATION DATES (MM/DD/YY)*

Start:

Complete:

XI. SOLID WASTE TRANSPORTER TO LANDFILL FOR RACM

Name:	DEQ SW Transporter No T-	Contact:	Telephone No. ()	
Address:	City:	State:	Zip Code:	Email:

XII. SOLID WASTE TRANSPORTER ONLY IF TAKEN TO OFFSITE PREMISES AND STORED PRIOR TO DISPOSAL (RACM ONLY)

Name:	DEQ SW Transporter No. T-	Contact:	Telephone No. ()	
Address:	City:	State:	Zip Code:	
Physical Location of Drop Off Area:	City:	State:		

XIII. ASBESTOS WASTE DISPOSAL SITE FOR RACM:

Name:	Contact:	Telephone No. ()	
Physical Location:	City:	State:	Zip Code:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY REPRESENTATIVE:

Name:	Title:	Authority:
Date of Order: (MM/DD/YY)	Date Ordered To Begin: (MM/DD/YY)	Note: Copy of Order must be attached to this Notification.

XV. EMERGENCY RENOVATIONS INVOLVING RACM:

Date and Hour of Emergency: (MM/DD/YY)	Description of the Sudden, Unexpected Event that must immediately be attended to:
Section 5151.F.2.d.xv – Explain how the event caused an unsafe condition (or health hazard) or would cause equipment damage, or poses an unreasonable financial burden:	
Section 5151.F.2.d.xv -- Description of procedures to be followed in the event unexpected RACM is found or Cat II nonfriable becomes crumbled, pulverized, or reduced to powder:	

XVI. Description of planned non-RACM Demolition or RACM Renovation work and Methods to be used: *

XVII. I certify that the above information is correct and that personnel performing asbestos Demolition or Renovation activities are trained and accredited in accordance with LAC 33:III.5151; and that the evidence of the required training will be available on the project site for inspection by LDEQ personnel. (Sign Sec. XVII only if RACM is present)

(Date)

(Signature of Owner or Operator/Contractor)

(Printed Name)

XVIII. * Certify in this Section For Demolitions Only if the Structure Contains No Regulated Asbestos Containing Material (RACM)

I certify that the above information is correct and that during Demolition No Regulated Asbestos Containing Material is present.

(Date)

(Signature of Owner or Operator/Contractor)

(Printed Name)

ADVF Fees: \$66 (Minimum of 10 working days notification given)
\$99 for Emergencies (less than 10 working days notification given) **No Voucher's Will Be Accepted for Emergencies**
***No Fee for Notification of Demo containing No RACM (Negative Declaration) may be faxed – Fax # 225-219-3310.**

REMIT TO: LDEQ / OES – Permit Support Services Division, Notif & Accred Section, P. O. BOX 4313, BATON ROUGE, LA 70821-4313

Pursuant to La. R.S. 40.1574 A&B, be advised that no construction or renovation can begin until the plans and specifications are reviewed by the Office of the State Fire Marshall or it is determined by that Office that plans are not required to be submitted.